

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535030

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1					
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13	1					
14		1		1		
15		1		1		
16	1					
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21	1					
22		1		1		
23	1					
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30	1					
31		1		1		
32		1		1		
33		1		1		
34		2		2		
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46						
47						
48						
49						
50						
TOTAL IND.	6	↓	1	↓		↓
TOTAL DEP.	25	←	6	←		←
TOTAL CLAIMS	31		7			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						